

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **February 1st through 15th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 2/14/03	Applicant Identifier _____
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier _____
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier _____

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>Marin Resource Conservation District</u> Address (give city, county, State, and zip code): <u>PO Box 1146</u> <u>Pt. Reyes Station</u> / <u>Marin County</u> <u>California</u> <u>94956</u> Organizational Unit: <u>Special District</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Nancy Scolari (415) 663-1170</u>																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <u>49-1658700</u>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>FEB 14 2003</u> </div> </div> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content;"> <b>RECEIVED</b>  <b>FEB 14 2003</b> </div>																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____																						
<b>9. NAME OF FEDERAL AGENCY:</b> <u>EPA</u> <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">         STATE CLEARING HOUSE       </div>																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>Office of Water</u> <u>66-467</u> TITLE: <u>Wetlands Grants</u>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>Floodplain Wetlands, west-</u> <u>Marin County, CA</u>																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>Rural west marin county, CA</u>																						
<b>13. PROPOSED PROJECT</b> Start Date: <u>9/03</u> Ending Date: <u>9/05</u>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: <u>Districts 3 and 6</u> b. Project: <u>Districts 3 and 6</u>																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>.00</td></tr> <tr><td>c. State</td><td>\$</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>.00</td></tr> </table>	a. Federal	\$	.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>2/14/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	.00																				
b. Applicant	\$	.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	.00																				
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
a. Type Name of Authorized Representative <u>Hank Corda</u>	b. Title <u>President</u>																					
c. Telephone Number <u>415-663-1170</u>																						
d. Signature of Authorized Representative <u>Hank Corda</u>	e. Date Signed <u>2/10/03</u>																					

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2/12/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name: <b>Plowshares Peace and Justice Center</b>	Organizational Unit
Address (give city, county, state, and zip code): P.O. Box 475, Ukiah, CA 95482 (Mendocino County)	Name and telephone number of person to be contacted on matters involving this application (give area code)  <b>Mary Buckley, 707-462-8582</b>

6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px;">6 8 - 0 2 1 8 7 8 1</div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">N</span>
--	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>501(c)(3) nonprofit</u>
--	--

9. NAME OF FEDERAL AGENCY:  <b>USDA Rural Development</b>
---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">1 0 - 7 6 6</div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>Community Dining Room (soup kitchen) Facility Construction</b>
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  <b>Ukiah area, Mendocino County, CA</b>
---

13. PROPOSED PROJECT Start Date: 3/1/03 Ending Date: 9/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 1st District (Mike Thompson) b. Project: 1st District (Mike Thompson)
---	---

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>2/12/03</u>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 50,000.00	
b. Applicant	\$ 515,000.00	
c. State	\$ 35,000.00	
d. Local	\$ 0.00	
e. Other	\$ 1,200,000.00	
f. Program Income	\$ 0.00	
g. Total	\$ 1,800,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <b>Marv Buckley</b>	b. Title <b>Executive Director</b>	c. Telephone Number <b>(707) 462-8582</b>
d. Signature of Authorized Representative <i>Marv Buckley</i>	e. Date Signed <b>2/12/03</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 2-12-03	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Ventura, Planning Division		Organizational Unit:	
Address (give city, county, State, and zip code): 800 S. Victoria Ave. Ventura, CA 93009-1740		Name and telephone number of person to be contacted on matters involving this application (give area code): Lorraine Rubin 805/654-2466	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461 TITLE: Wetland Grants		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Making Better Use of Local Land Use Planning Tools to Protect Wetlands	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/4/03	Ending Date 11/4/05	a. Applicant 23rd	b. Project 23rd & 24th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 199,850	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2-12-03	
b. Applicant	\$ 68,910	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 268,760	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas Berg		b. Title Director, Resource Management	c. Telephone Number 805/654-2661
d. Signature of Authorized Representative <i>Thomas Berg</i>		Agency	e. Date Signed 2-13-03

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

TOTAL P.01

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED February 12, 2003	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Lava Beds/Butte Valley Resource Conservation District		Organizational Unit: Special District	
Address (give city, county, State, and zip code): P.O. Box 861 611 Main Street Tulelake, Siskiyou County, CA 96134		Name and telephone number of person to be contacted on matters involving this application (give area code) Joan Loustalet (530) 667-3121	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-1318440		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): FEB 12 2003 STATE CLEARING HOUSE		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties in Northern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Klamath River Watershed projects coordination	
13. PROPOSED PROJECT Wetlands project coord		14. CONGRESSIONAL DISTRICTS OF: second	
Start Date 10/1/03	Ending Date 10/31/05	a. Applicant Lava Beds/Butte Valley RCD	
15. ESTIMATED FUNDING:		b. Project Klamath River watershed project coordination	
a. Federal	\$ 99,990 <sup>00</sup>	18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 68,025 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/12/03	
c. State	\$ 0 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 0 <sup>00</sup>		
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 168,015 <sup>00</sup>		
16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Michael Byrne		b. Title President	c. Telephone Number (530) 667-3471
d. Signature of Authorized Representative <i>Michael Byrne</i>		e. Date Signed	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 16, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>		
Legal Name: McCloud Community Services District	Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 640 (Mailing Address) 220 W. Minnesota Avenue (Physical Address) McCloud, California 96057	Name and telephone number of person to be contacted on matters involving this application (give area code) Peter J. Kampa or Sharon Guymon (530) 964-2017	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94 - 1614312	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other(specify): _____         </div> <div>           C. Increase Duration         </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development Rural Utilities Service	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Water & Waste Disposal Land & TITLE: Grant Application 10 - 760	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> McCloud Sewer Collection System Replacement Project - Phase 3	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> McCloud, Siskiyou, California		
<b>13. PROPOSED PROJECT</b> Start Date: 10/2002    Ending Date: 06/2004	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Second b. Project: Second	
<b>15. ESTIMATED FUNDING:</b>		
a. Federal \$ 2,379,813.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 02/10/03  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant \$ .00		
c. State \$ .00		
d. Local \$ .00		
e. Other \$ .00		
f. Program Income \$ .00		
g. TOTAL \$ 2,379,813.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Peter J. Kampa or Sharon Guymon	b. Title General Mgr - Finance Ofc	c. Telephone Number (530) 964-2017
d. Signature of Authorized Representative 		e. Date Signed February 16, 2003

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

<b>5. APPLICANT INFORMATION</b> Legal Name: Earlimart Public Utility District Address (give city, county, State, and zip code): P.O. Box 10148 Earlimart, CA 93219		Organizational Unit: Board of Directors Name and telephone number of person to be contacted on matters involving this application (give area code): Dennis R. Keller, R.C.E. (559) 732-7938																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6038154		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">G</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture. Rural Development																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Water & Waste    10-760 TITLE: Disposal Loan and Grant Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Interceptor and Sewer Relief Pipelines <div style="text-align: center; border: 1px solid black; padding: 5px; transform: rotate(-5deg);">             RECEIVED              FEB 10 2003              STATE CLEARING HOUSE           </div>																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Earlimart, California		<b>13. PROPOSED PROJECT</b> Start Date: 7/03    Ending Date: 3/04 <b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 21st    b. Project: 21st																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%;">1,006,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>00.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>00.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,006,000.00</td> </tr> </table>		a. Federal	\$	1,006,000.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	00.00	f. Program Income	\$	00.00	g. TOTAL	\$	1,006,000.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 2/5/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	1,006,000.00																					
b. Applicant	\$	0.00																					
c. State	\$	0.00																					
d. Local	\$	0.00																					
e. Other	\$	00.00																					
f. Program Income	\$	00.00																					
g. TOTAL	\$	1,006,000.00																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																					
a. Type Name of Authorized Representative Elzie R. Powell		b. Title    President, Board of Directors																					
c. Telephone Number (661) 849-2663		d. Signature of Authorized Representative 																					
e. Date Signed 1-24-03		f. Date Signed																					

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 6, 2003	Applicant Identifier																																
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																																
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier																																
<b>5. APPLICANT INFORMATION</b>																																			
Legal Name: <u>Mexican American Opportunity Foundation</u>		Organizational Unit:																																	
Address (give city, county, State, and zip code): 401 N. Garfield Ave. Montebello, CA 90640		Name and telephone number of person to be contacted on matters involving this application (give area code) Martin Castro (323) 890-9656																																	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-2594166		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N         </div>																																	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify):</div> <div>C. Increase Duration</div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Labor																																	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> Senior Community Service Employment Program TITLE:		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> "Senior Community Service Employment Program": To promote useful part-time employment opportunities in community service to low-income persons aged 55 years and older.																																	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> California		<b>13. PROPOSED PROJECT SCSEP</b> Start Date: 7/01/03 Ending Date: 6/30/04																																	
<b>14. CONGRESSIONAL DISTRICTS OF:</b> 17-22; 25-40; 42; 44; 46-53		<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">6,273,181.</td><td style="text-align: right;">.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">39,000.</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">0</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">0</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">588,318.</td><td style="text-align: right;">.00</td></tr> <tr><td colspan="2"></td><td style="text-align: right;"><u>In-kind</u></td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">6,900,499.</td><td style="text-align: right;">.00</td></tr> </table>		a. Federal	\$	6,273,181.	.00	b. Applicant	\$	39,000.	.00	c. State	\$	0	.00	d. Local	\$	0	.00	e. Other	\$	588,318.	.00			<u>In-kind</u>		f. Program Income	\$		.00	g. TOTAL	\$	6,900,499.	.00
a. Federal	\$	6,273,181.	.00																																
b. Applicant	\$	39,000.	.00																																
c. State	\$	0	.00																																
d. Local	\$	0	.00																																
e. Other	\$	588,318.	.00																																
		<u>In-kind</u>																																	
f. Program Income	\$		.00																																
g. TOTAL	\$	6,900,499.	.00																																
<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>2/5/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																																			
a. Type Name of Authorized Representative <u>Martin Castro</u>		b. Title <u>President &amp; CEO</u>																																	
c. Telephone Number <u>(323) 890-9656</u>		e. Date Signed <u>2/06/03</u>																																	
d. Signature of Authorized Representative <u>Martin Castro</u>		f. Date of Application <u>2/06/03</u>																																	

STATE CLEARING HOUSE

FEB 10 2003

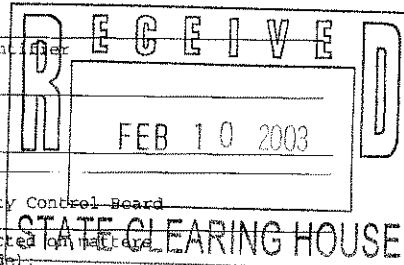
Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. Date Submitted	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction	3. Date Received by State	State Application Identifier
		4. Date Rec'd by Fed Agency	Federal Identifier DE-FG03-94SP20509



## 5. APPLICANT INFORMATION

Legal Name State Water Resources Control Board	Organizational Unit San Francisco Bay Regional Water Quality Control Board
Address (give city, county, state, and zip code):  State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	Name and telephone of person to be contacted on matters involving this application (give area code):  John Kaiser (510) 622-2368

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6 8 0 2 8 1 9 8 6

## 8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☒ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award ☐ A ☐ C

C. Increase Duration D. Decrease Duration

Other (Specify) \_\_\_\_\_

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER

6 6 6 0 6

TITLE: Surveys, Studies, Investigations, and  
Special Purpose Grants

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc)

San Francisco Bay Area

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☐ A

- |                     |                                    |
|---------------------|------------------------------------|
| A. State            | H. Independent School Dist.        |
| B. County           | I. State Institute Higher Learning |
| C. Municipal        | J. Private University              |
| D. Township         | K. Indian Tribe                    |
| E. Interstate       | L. Individual                      |
| F. Intermunicipal   | M. Profit Organization             |
| G. Special District | N. Other (Specify): _____          |

## 9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Agreement with U. S. Department of Energy at four sites within the San Francisco Bay Regional Water Quality Control Board jurisdiction to conduct oversight of DOE environmental restoration and compliance activities at the facilities: Stanford Linear Accelerator Center, Lawrence Berkeley National Laboratory, Lawrence Livermore National Laboratory-Livermore Site, and Sandia National Laboratory.

## 13. PROPOSED PROJECT

Start Date 10/1/94	Ending Date 12/31/05	14. CONGRESSIONAL DISTRICT OF: a. Applicant 3	b. Project California-All
-----------------------	-------------------------	---	------------------------------

## 15. ESTIMATED FUNDING

a. Federal	\$ 301,611.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 301,611.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on:

Date: February 10, 2003

b. NO: ☐ Program is not covered by EO 12372.☐ Or program has not been selected by state for review.

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes, attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative Celeste Cantu	b. Title Executive Director	c. Telephone Number (916) 341-5615
---	--------------------------------	---------------------------------------

d. Signature of Authorized Representative	e. Date Signed
---	----------------

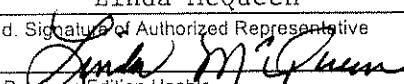
Previous Editions Not Usable

Standard Form 424 (Rev 7-97)  
Prescribed by OMB Circular A-012

AUTHORIZED FOR LOCAL REPRODUCTION

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 2/8/03		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: North Coast Energy Services, Inc.			Organizational Unit:		
Address (give city, county, State, and zip code): P. O. Box 413 Ukiah, CA 95482			Name and telephone number of person to be contacted on matters involving this application (give area code) Linda McQueen, (707) 463-0303		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-2797280			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>501(c)3</u>            Non-Profit Corporation (CBO)         </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other(specify):         </div> <div>           C. Increase Duration         </div> </div>			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-433 TITLE:			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Lake/Mendocino Rehab Assistance - Project 5		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Lake and Mendocino Counties State of California			<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>  <b>FEB 10 2003</b>          STATE CLEARING HOUSE       </div>		
<b>13. PROPOSED PROJECT</b> Start Date: 9/1/2003    Ending Date: 8/31/2004					
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant b. Project			<b>15. ESTIMATED FUNDING:</b>		
a. Federal		\$ 100,000		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>2/8/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant		\$ 100,000			
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$ 200,000		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Linda McQueen		b. Title Executive Director		c. Telephone Number (707) 463-0303	
d. Signature of Authorized Representative 				e. Date Signed 2/8/03	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-004

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 02/10/03		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Placer County, California		Organizational Unit: Planning Department		Name and telephone number of person to be contacted on matters involving this application (give area code) Loren Clark (530) 886-3000	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000527		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: State-Tribal-Local 66-461 TITLE: Wetlands Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Placer County Vernal Pool Ecosystem Assessment		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Placer County		13. PROPOSED PROJECT Start Date: 1/1/04 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 b. Project 3 and 4	
15. ESTIMATED FUNDING: a. Federal \$ 125,000 b. Applicant \$ 31,250 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 156,250		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/10/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Fred Yeager		b. Title Director of Planning		c. Telephone Number (530) 886-3000	
d. Signature of Authorized Representative <i>Fred Yeager</i>		e. Date Signed 2-10-03			

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

2. DATE SUBMITTED December 30, 2002		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

## APPLICANT INFORMATION

TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Name: <b>Oroville Manor Management, a California Limited Ptsbp.</b> Address (give city, county, State, and zip code): <b>321 Walnut Avenue          armichael, CA 95608</b>	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Joseph Mohamed, Jr. (916) 485-7368</b>
--	--	--

## EMPLOYER IDENTIFICATION NUMBER (EIN):

7311632604

## TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

Revision, enter appropriate letter(s) in box(es)

 Increase Award    B. Decrease Award    C. Increase Duration  
 Decrease Duration    Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Joint Venture</u>

## 9. NAME OF FEDERAL AGENCY:

USDA Rural Development

## CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

00--0000

## TITLE:

AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Oroville, Butte County, California

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

 Oroville Manor - Multifamily, Seniors  
 2750 Lincoln St. - 72 Units  
 Oroville, CA 95966 - Constructed in 1980

PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant District # 5	b. Project District # 2
ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
Applicant	\$	DATE _____	
State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
TOTAL	\$		

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Type Name of Authorized Representative

Joseph Mohamed, Jr.

b. Title

President

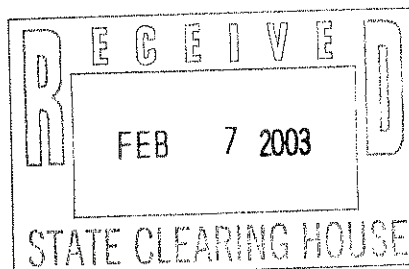
c. Telephone Number  
(916) 485-7368

d. Date Signed

12-30-02

Previous Edition Usable

Unauthorized for Local Reproduction

Standard Form 124 (Rev. 7-97)  
Prescribed by OMB Circular A-103

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> February 3, 2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Self-Help Enterprises		Organizational Unit:																												
Address (give city, county, State, and zip code): PO Box 6520 Visalia CA 93290		Name and telephone number of person to be contacted on matters involving this application (give area code) Karen Saucedo, 559-651-1000, Ext. 657																												
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 4 — 1 5 9 2 6 7 6           </div>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px; float: right;">N</span>  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) <u>Private Nonprofit</u></div> </div>																												
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 20px; vertical-align: middle;"></span>  <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between;"> <div>D. Decrease Duration</div> <div>Other(specify):</div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development																												
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 — 4 3 3           </div> TITLE: Housing Preservation Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> The preservation of housing for very low income households by providing grants to repair homes and bring them up to RHS Thermal Standards.																												
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Unincorporated communities in Kings, Merced and Tulare Counties.																														
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>																												
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant 21																												
		b. Project 18, 20, 21																												
<b>15. ESTIMATED FUNDING:</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>FEB 6 2003</b> </div>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">80,000</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">320,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">400,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	80,000	.00	b. Applicant	\$		.00	c. State	\$	320,000	.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	400,000	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>02/03/03</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	80,000	.00																											
b. Applicant	\$		.00																											
c. State	\$	320,000	.00																											
d. Local	\$		.00																											
e. Other	\$		.00																											
f. Program Income	\$		.00																											
g. TOTAL	\$	400,000	.00																											
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																												
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																														
a. Type Name of Authorized Representative Peter N. Carey		b. Title Executive Director																												
		c. Telephone Number (559) 651-1000																												
d. Signature of Authorized Representative 		e. Date Signed <u>2.3.2003</u>																												

# APPLICATION FOR FEDERAL ASSISTANCE

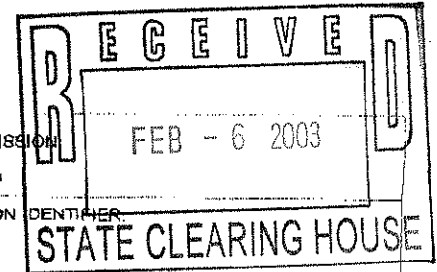
<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>Likely Vol. Fire Protection District</u> Address (give city, county, State, and zip code): <u>Box 515 Likely, Modoc, Ca. 96116</u>		Organizational Unit: <u>Fire Department</u> Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Dewayne Matthews 530-233-2010</u>																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px;">6</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 45%;">           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____         </div> </div>																						
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <u>USDA Rural Development</u>																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; text-align: center;">10-766</div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>Construction of Engine Barn &amp; Purchase of Water Tender</u>																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>Likely, Ca. and Rural Area</u>		<div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;">             RECEIVED  FEB 6 2003           </div>																					
<b>13. PROPOSED PROJECT</b> Start Date    Ending Date	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant <u>Fourth</u> b. Project <u>Fourth</u> <del>Third</del>																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">80,000.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">40,000.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">0.00</td></tr> </table>		a. Federal	\$	80,000.00	b. Applicant	\$	40,000.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	0.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	80,000.00																					
b. Applicant	\$	40,000.00																					
c. State	\$	.00																					
d. Local	\$	.00																					
e. Other	\$	.00																					
f. Program Income	\$	.00																					
g. TOTAL	\$	0.00																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Type Name of Authorized Representative <u>Dewayne Matthews</u>		b. Title <u>Fire Chief</u>																					
c. Telephone Number <u>530-233-2010</u>		e. Date Signed <u>1-9-03</u>																					
d. Signature of Authorized Representative <u>Dewayne Matthews</u>																							

# DRAFT

## PART I - FACE SHEET



### APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION

Non-Construction

STATE APPLICATION

IDENTIFIER

STATE CLEARING HOUSE

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

01/28/03

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

03SR029600

4. DATE RECEIVED:

01/28/03

GRANT NUMBER:

#### 5. APPLICATION INFORMATION

LEGAL NAME: VOLUNTEER CTR OF KERN COUNTY

ADDRESS (give street address, city, state and zip code):

405 S Chester Ave  
Bakersfield CA 93304NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give  
area codes):

NAME: Meadow G. Piepho

TELEPHONE NUMBER: 661-397-9787

FAX NUMBER: 661-397-6804

INTERNET E-MAIL ADDRESS: mvpbak@yahoo.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

952676423

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Volunteer Management Organization

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP OF KERN COUNTY

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):

ALL OF KERN COUNTY—Bakersfield (primary concentration volunteers/sites),  
Arvin/Lamont, Burtonwillow, Delano/McFarland, East Kern Area, Grapevine Area, Edward

13. PROPOSED PROJECT: START DATE: 04/01/03 END DATE: 03/31/06

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL \$ 54,794.00

b. APPLICANT \$ 26,029.00

c. STATE \$ 0.00

d. LOCAL \$ 0.00

e. OTHER \$ 26,029.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 80,823.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE: 06-FEB-03

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Brenda K. Ruff

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

661-397-9787

d. DATE:

01/28/03

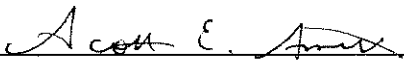
APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input type="checkbox"/> Application Non-Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Preapplication Non-Construction		2. DATE SUBMITTED February 5, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: University of Southern California		Organizational Unit: Institute for Civic Enterprise	
Address (give city, county, State, and zip code): Los Angeles, CA 90089 Los Angeles County		Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Tridib Banerjee (213) 740-4724	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-1642394		TYPE OF APPLICANT: (enter appropriate letter in box) <b>J</b>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-303 TITLE: Economic Develop.-Technical Assistance		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Admin.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Luis Obispo, Santa Barbara, Ventura, Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino,		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: University Center Program for Economic Development	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 5/1/03	Ending Date 4/30/04	a. Applicant District 32	b. Project Districts 20-52
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 110,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/05/03	
b. Applicant	\$ 120,216	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 230,216	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. True Name of Authorized Representative George-Ann Cleary		b. Title Sr. Contract & Grant Admin.	c. Telephone Number (213) 740-7762
d. Signature of Authorized Representative <i>George-Ann Cleary</i>		e. Date Signed 2/5/2003	



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 30, 2003		Applicant Identifier CMA 01-1	
3. DATE RECEIVED BY STATE		State Applicant Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier NPIAS 3-06-0339-20			
5. APPLICANT INFORMATION					
Legal Name: County of Ventura		Organizational Unit: Department of Airports			
Address (give city, county, state, and zip code): Department of Airports 555 Airport Way, Suite B Camarillo, CA 93010		Name and telephone number of the person to be contacted on matters involving this application (give area code): Scott E. Smith (805) 388-4200			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 6 4 4		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration Western Pacific Region			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6 TITLE: Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Drainage Improvements (Lift Station/Detention Basin) Rehabilitate pavement surface RW 8-26 (including 1,000 RSAs) Rehabilitate AC Apron (Phase 2) Taxiway Edge Lighting Upgrade (change stake mount to can mount) Rehabilitation of PCC Aprons & Taxiways (Phase 3) Security Improvements-Gate, Access Control upgrade			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County					
13. PROPOSED PROJECT: Start Date: September 2003 Ending Date: May 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 23 and 24 b. Project: 24			
15. ESTIMATED FUNDING: a. Federal \$ 1,437,500.00 b. Applicant \$ 159,722.00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 1,597,222.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Scott E. Smith		b. Title Director of Airports		c. Telephone number (805) 388-4200	
d. Signature of Authorized Representative 				e. Date Signed January 30, 2003	

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> January 29, 2002		Applicant Identifier OXR 02-1	
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier	
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier NPIAS 3-06-0179-22	

<b>5. APPLICANT INFORMATION</b>					
Legal Name: County of Ventura			Organizational Unit: Department of Airports		
Address (give city, county, state, and zip code): Department of Airports 555 Airport Way Camarillo, CA 93010			Name and telephone number of the person to be contacted on matters involving this application (give area code) Scott E. Smith (805) 388-4200		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 5 - 6 0 0 0 9 4 4         </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 2px;">B</span>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">A</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">B</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">C</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>A. Increase Award</span> <span>B. Decrease Award</span> <span>C. Increase Duration</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>D. Decrease Duration</span> <span>Other (specify):</span> </div>			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2 0 . 1 0 6         </div>			<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration Western Pacific Region		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Ventura County			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Rehabilitate Airport Pavement Including Drainage North Side OFA Property Acquisition (Approx. 27.8 acres) Security Improvements - Gate, Access Control upgrades Replace ARFF Vehicle		
<b>13. PROPOSED PROJECT:</b> Start Date: July 2003 Ending Date: September 2004		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 19 and 21 b. Project: 21			
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal	\$ 1,000,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: December 19, 2002 b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 111,111.00				
c. State	\$ .00				
d. Local	\$ .00				
e. Other	\$ .00				
f. Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 1,111,111.00				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Typed Name of Authorized Representative Scott E. Smith		b. Title Director of Airports		c. Telephone number (805) 388-4200	
d. Signature of Authorized Representative 				e. Date Signed January 29, 2003	

## PART I - FACE SHEET

## APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

STATE APPLICATION IDENTIFIER:

FEB - 4 - 2003

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

02/03/03

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

03SR029756

4. DATE RECEIVED:

02/03/03

GRANT NUMBER:

STATE CLEARING HOUSE

## 5. APPLICATION INFORMATION

LEGAL NAME: CITY OF SAN JOSE, PRNS

ADDRESS (give street address, city, state and zip code):

1190 S Bascom Ave  
#220  
San Jose CA 95128NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give  
area codes):

NAME: Alan F. Briscoe

TELEPHONE NUMBER: 408-277-4790

FAX NUMBER: 408-297-6123

INTERNET E-MAIL ADDRESS: alan.briscoe@ci.sj.ca.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000419

7. TYPE OF APPLICANT:

7a. Local Government - Municipal

7b. Local Government, Municipal

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

San Jose, Santa Clara, Campbell, San Jose, Los Gatos, Monte Sereno, Sunnyvale,  
Cupertino, Milpitas

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP Greater San Jose

13. PROPOSED PROJECT: START DATE: 04/01/03 END DATE: 03/31/06

14. PERFORMANCE PERIOD: START DATE:

END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL \$ 87,657.00

b. APPLICANT \$ 239,768.00

c. STATE \$ 0.00

d. LOCAL \$ 239,768.00

e. OTHER \$ 0.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 327,425.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE: 31-JAN-03

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Peter L. Jensen

b. TITLE:

Assistant to the City Manager

c. TELEPHONE NUMBER:

408-277-3183

d. DATE:

02/03/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Application Identifier
Application Construction	Preapplication Construction	3. DATE RECEIVED BY STATE	State Application Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICATION INFORMATION	
Legal Name The Regents of the University of California	Organizational Unit CE-CERT
Address (give city, county, state, and zip code) University of California, Riverside Office of Research Affairs 200 University Office Building Riverside, CA 92521	Name and telephone number of the person to be contacted on matters involving this application (give area code) <b>Administrative Contact</b> Linda L. Bryant 909-787-5535 <b>Technical Contact</b> David R. Cocker III 909-781-5695

6. EMPLOYER IDENTIFICATION NUMBER (EIN) 9 5 - 6 0 0 6 1 4 2	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation Revision If Revision, enter appropriate letter(s) in boxes(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 5 0 0 TITLE: 2003-STAR-C1, Measurement, modeling, and analysis methods for airborne carbonaceous fine particulate matter	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Characterization and Photochemical Aging of Primary Diesel Exhaust Particulate
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) All USA	

13. PROPOSED PROJECT: Start Date: 10/01/03 Ending Date: 9/30/06	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: CA 44 b. Project: CA 44
---	---

15. ESTIMATED FUNDING: a. Federal: \$449,073 b. Applicant: \$ c. State: \$ d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$449,073	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/4/03 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. <input checked="" type="radio"/> No
--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED	
a. Typed Name of Authorized Representative Linda L. Bryant Principal Contract & Grant Analyst	c. Telephone number (909) 787-5535
d. Signature of Authorized Representative 	e. Date Signed 2/4/03

Previous Editions Not Usable

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

**5. APPLICANT INFORMATION**

Legal Name: <u>Community Action Agency of San Mateo County, Inc.</u> Address (give city, county, state, and zip code):  930 Brittan Avenue San Carlos, CA 94070	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code)  William F. Parker 650-595-1342
---	---

**6. EMPLOYER IDENTIFICATION (EIN):**  

9	4	-	2	4	7	5	7	2	8
---	---	---	---	---	---	---	---	---	---

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Community Action Agency</u>
---	---

**8. TYPE OF APPLICATION:**  
☐ New      ☒ Continuation      ☐ Revision  
  
 If Revision, enter appropriate letter(s) in ☐ ☐  
  
 A. Increase Award      B. Decrease Award      c. Increase Duration  
 D. Decrease Duration      Other (specify):

**9. NAME OF FEDERAL AGENCY:**  
 USDA, Rural Housing Services

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

1	0	-	4	4	3
---	---	---	---	---	---

  
 TITLE:

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
 Renovation projects for low-income homeowners in the rural Coastside areas of San Mateo County.

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)**  
 Coastside, San Mateo County, CA

<b>13. PROPOSED PROJECT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Start Date 9/1/03</td> <td style="width:50%;">Ending Date 9/30/04</td> </tr> </table>	Start Date 9/1/03	Ending Date 9/30/04	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 12, 14 b. Project 12, 14
Start Date 9/1/03	Ending Date 9/30/04		

**15. ESTIMATED FUNDING**

a. Federal	b. Applicant	c. State	d. Local	e. Other	f. Program Income	g. Total
\$ 100,000	\$	\$	\$	\$ 100,000	\$	\$ 200,000
.00	.00	.00	.00	.00	.00	0.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE 1/30/03  
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

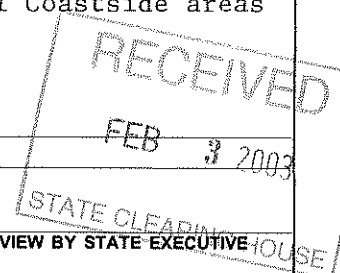
  

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ YES (Attach explanation)      ☒ NO

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative William F. Parker	b. Title Executive Director	c. Telephone Number 650-595-1342
d. Signature of Authorized Representative 		e. Date Signed 1/28/03



# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 1/29/03		Applicant ID: 3r																			
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier																			
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier <b>07-06-03158-02</b>																			
<b>5. APPLICANT INFORMATION</b>																							
<b>Legal Name:</b> The CSU, Chico Research Foundation			<b>Organizational Unit:</b>																				
<b>Address (give city, county, state, and zip code):</b> Kendall Hall, Room 114 CSU, Chico Chico, CA 95929-0870			Name and telephone number of person to be contacted on matters involving this application (give area code) Technical: Dan Ripke (530) 898-4598 Budgetary: Diane M. Johnson (530) 898-5700 Contractual: Virginia Sturr (530) 898-5700																				
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 6 8 - 0 3 8 6 5 1 8			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>																				
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):			A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) 501c3 non-profit corporation																				
			<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Commerce Economic Development Administration																				
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 1 . 3 0 3 TITLE: Economic Development Technical Assistance			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> University Center Planning Assistance for a 17 county region in California's North State.																				
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Modoc, Mendocino, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba			<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> <b>RECEIVED</b>  <b>FEB 3 2003</b>  <b>STATE CLEARING HOUSE</b> </div>																				
<b>13. PROPOSED PROJECT:</b> Start Date: 3/1/03    Ending Date: 2/28/04																							
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 2    b. Project: 1,2			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 1/31/03 b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																				
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>110,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>36,667.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other - Private Investment</td> <td>\$</td> <td>30,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>176,667.00</td> </tr> </table>						a. Federal	\$	110,000.00	b. Applicant	\$	36,667.00	c. State	\$	.00	d. Local	\$	.00	e. Other - Private Investment	\$	30,000.00	f. Program Income	\$	.00
a. Federal	\$	110,000.00																					
b. Applicant	\$	36,667.00																					
c. State	\$	.00																					
d. Local	\$	.00																					
e. Other - Private Investment	\$	30,000.00																					
f. Program Income	\$	.00																					
g. TOTAL	\$	176,667.00																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																							
a. Typed Name of Authorized Representative <b>Jeff Wright</b>			b. Title <b>Director, Office of Sponsored Programs</b>		c. Telephone number <b>530-898-5700</b>																		
d. Signature of Authorized Representative			e. Date Signed 1/30/03																				